

# DECLARATION and POWER OF ATTORNEY

Attorney's Docket No. AA 980218 CIP

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled

## Low-Cost Satellite Communication System,

the specification of which (check one)

is attached hereto. \_\_\_\_\_ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by the amendment(s) referred to above. I acknowledge the duty to disclose information that is material to the patentability of this application in accordance with Title 37, Code of Federal Regulation, Sec. 1.56(a).

I hereby claim foreign priority benefits under 35 U.S.C. 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

### PRIOR FOREIGN APPLICATION(S)

COUNTRY	APPLICATION NUMBER	DATE OF FILING (DAY, MONTH, YEAR)	PRIORITY CLAIMED UNDER 35 U.S.C. 119

I hereby claim the benefit under 35 U.S.C. 120 of any United States application (s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35 U.S.C. 112, I acknowledge the duty to disclose material information as defined in 37 CFR 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

### PRIOR UNITED STATES APPLICATION(S)

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (PATENTED, PENDING, ABANDONED)
09/045,970	21 March 1998	Pending - Issue Fee Paid

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number): Robert M. McDermott, Reg. No. 41,508

SEND CORRESPONDENCE TO:	DIRECT TELEPHONE CALLS TO:
Robert M. McDermott, ESQ. 52 James Court Montross, VA 22525	Customer ID 23662 Robert M. McDermott 804-493-0707

Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name <b>Fleeter</b>	First Name (and Middle, if any) <b>Richard D.</b>		
Residence & Citizenship	City <b>Reston</b>	State or Foreign Country <b>VA</b>	Country of Citizenship <b>U.S.</b>	
Post Office Address	Street <b>11573 Greenwich Point</b>	City <b>Reston</b>	State or Country <b>U.S.A.</b>	Zip Code <b>20194</b>

Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name <b>Hanson</b>	First Name (and Middle, if any) <b>John E.</b>		
Residence & Citizenship	City <b>Mountain View</b>	State or Foreign Country <b>CA</b>	Country of Citizenship <b>U.S.</b>	
Post Office Address	Street <b>345 Nita Avenue</b>	City <b>Mountain View</b>	State or Country <b>U.S.A.</b>	Zip Code <b>94043</b>

Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name <b>McDermott</b>	First Name (and Middle, if any) <b>Scott A.</b>		
Residence & Citizenship	City <b>Washington</b>	State or Foreign Country <b>DC</b>	Country of Citizenship <b>U.S.</b>	
Post Office Address	Street <b>1718 Euclid Street</b>	City <b>Washington</b>	State or Country <b>U.S.A.</b>	Zip Code <b>20009</b>

Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name <b>Zenick Jr.</b>	First Name (and Middle, if any) <b>Raymond G.</b>		
Residence & Citizenship	City <b>Solana Beach</b>	State or Foreign Country <b>CA</b>	Country of Citizenship <b>U.S.</b>	
Post Office Address	Street <b>444 S. Nardo Avenue</b>	City <b>Solana Beach</b>	State or Country <b>CA</b>	Zip Code <b>92075</b>

Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name (and Middle, if any)		
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street	City	State or Country	Zip Code

Dated:		Inventor's Signature:		
Full Name of Inventor	Last Name	First Name (and Middle, if any)		
Residence & Citizenship	City	State or Foreign Country	Country of Citizenship	
Post Office Address	Street	City	State or Country	Zip Code

PATENT APPLICATION  
Docket No.: AA 980218

DECLARATION AND POWER OF ATTORNEY

Pursuant to 37 C.F.R 1.63 and 1.67

As a below named inventor, we each hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; and

I believe that I am one of the original and first joint inventors of the subject matter of a patent application entitled: A LOW-COST SATELLITE COMMUNICATION SYSTEM . The specification for the patent application (check one):

<input checked="" type="checkbox"/>	is attached hereto.		
<input type="checkbox"/>	was filed on	as Application Serial No.	and was amended on (if applicable).
<input type="checkbox"/>	was filed as PCT International Application No. PCT/	on	and was amended on (if applicable).
<input type="checkbox"/>	was filed on	as Application Serial No.	and was issued a Notice of Allowance on

I hereby state that I have reviewed and understood the contents of the above identified patent application, including the claims as amended by any amendment referred to above or as allowed as indicated above.

I acknowledge the duty to disclose all information known to me to be material to the patentability of this patent application as defined in 37 C.F.R. Section 1.56. If this is a continuation-in-part (CIP) application, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the Office all information known to me to be material to patentability of the application as defined in 37 C.F.R. Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this CIP application.

I hereby claim foreign priority benefits under 35 U.S.C. Sections 119 and 365 of any foreign application(s) for patent(s) or inventor's certificate(s) listed below. I have also identified below any foreign application(s) for patent(s) or inventor's certificate(s) filed by me or my assignee which:

disclose the subject matter claimed in this patent application; and  
have a filing date that is either:

- (1) before the filing date of the application on which my priority is claimed; or,
- (2) before the filing date of this application when no priority is claimed;

Prior Foreign Patents

priority claimed	Number	Country	Mo/Day/Yr Filed	Date First Laid Open or Published	Date Granted or Patented
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

I hereby claim the benefit under 35 U.S.C. Sections 120 and 365 of any United States application(s) listed below and PCT international application(s) listed below:

Prior U.S. or PCT Applications

Application No.	Mo/Day/Yr Filed	Status

I hereby appoint Timothy W. Markison, Registration No. 33,534, Christopher J. Reckamp, Registration No. 34,414, and Robert M. McDermott, Registration No. 41,508 of Markison & Reckamp, P.C., 899 Skokie Boulevard, Northbrook, IL 60062 as my attorney, with full power of substitution and revocation, to prosecute this patent application and to transact all business in the United States Patent and Trademark Office connected therewith, and to file and prosecute any international patent applications filed thereon before any international authorities under the Patent Cooperation Treaty, and I hereby authorize him to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/organization who/which first sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct them in writing to the contrary.

Please address all correspondence and direct all telephone calls to:

Markison & Reckamp, P.C.  
899 Skokie Boulevard - Suite 332  
Northbrook, Illinois 60062  
Phone: (847) 564-9050  
Fax: (847) 564-9057

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of this patent application or any patent issued thereon.

#### Inventor(s)

Full Name: Citizenship:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address:  
City: State or Province: Zip or Postal Code: Country:

Full Name: Citizenship:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address:  
City: State or Province: Zip or Postal Code: Country:

Full Name: Citizenship:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address:  
City: State or Province: Zip or Postal Code: Country:

Full Name: Citizenship:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address:  
City: State or Province: Zip or Postal Code: Country:

R.G. FENICK JR  
Full Name: Citizenship: USA

Signature: \_\_\_\_\_ Date: 23 MARCH, 1998  
Street Address:  
City: State or Province: Zip or Postal Code: 92075 Country: USA  
SOLANA BEACH CA

I hereby appoint Timothy W. Markison, Registration No. 33,534, Christopher J. Reckamp, Registration No. 34,414, and Robert M. McDermott, Registration No. 41,508 of Markison & Reckamp, P.C., 899 Skokie Boulevard, Northbrook, IL 60062 as my attorney, with full power of substitution and revocation, to prosecute this patent application and to transact all business in the United States Patent and Trademark Office connected therewith, and to file and prosecute any international patent applications filed thereon before any international authorities under the Patent Cooperation Treaty, and I hereby authorize him to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/organization who/which first sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct them in writing to the contrary.

Please address all correspondence and direct all telephone calls to:

Markison & Reckamp, P.C.  
899 Skokie Boulevard - Suite 332  
Northbrook, Illinois 60062  
Phone: (847) 564-9050  
Fax: (847) 564-9057

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of this patent application or any patent issued thereon.

Inventor(s)

Full Name: Robert A. McDermott Citizenship: USA  
Signature: Robert A. McDermott Date: 3/17/98  
Street Address: 10439 RAPIDAN LANE  
City: MANASSAS State or Province: VA Zip or Postal Code: 20109 Country: USA

Full Name: Citizenship:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address:  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Full Name: Citizenship:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address:  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Full Name: Citizenship:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address:  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Full Name: Citizenship:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address:  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

I hereby appoint Timothy W. Markison, Registration No. 33,534, Christopher J. Reckamp, Registration No. 34,414, and Robert M. McDermott, Registration No. 41,508 of Markison & Reckamp, P.C., 899 Skokie Boulevard, Northbrook, IL 60062 as my attorney, with full power of substitution and revocation, to prosecute this patent application and to transact all business in the United States Patent and Trademark Office connected therewith, and to file and prosecute any international patent applications filed thereon before any international authorities under the Patent Cooperation Treaty, and I hereby authorize him to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/organization who/which first sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct them in writing to the contrary.

Please address all correspondence and direct all telephone calls to:

Markison & Reckamp, P.C.  
899 Skokie Boulevard - Suite 332  
Northbrook, Illinois 60062  
Phone: (847) 564-9050  
Fax: (847) 564-9057

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of this patent application or any patent issued thereon.

Inventor(s)

Full Name: John E. Hanson Citizenship: USA  
Signature: John S. Horn Date: 3/19/98  
Street Address:  
City: State or Province: Zip or Postal Code: Country:  
345 Nita Ave. Mountain View, Ca. 94043 USA

Full Name: Citizenship:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address:  
City: State or Province: Zip or Postal Code: Country:

Full Name: Citizenship:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address:  
City: State or Province: Zip or Postal Code: Country:

Full Name: Citizenship:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address:  
City: State or Province: Zip or Postal Code: Country:

Full Name: Citizenship:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address:  
City: State or Province: Zip or Postal Code: Country:

I hereby appoint Timothy W. Markison, Registration No. 33,534, Christopher J. Reckamp, Registration No. 34,414, and Robert M. McDermott, Registration No. 41,508 of Markison & Reckamp, P.C., 899 Skokie Boulevard, Northbrook, IL 60062 as my attorney, with full power of substitution and revocation, to prosecute this patent application and to transact all business in the United States Patent and Trademark Office connected therewith, and to file and prosecute any international patent applications filed thereon before any international authorities under the Patent Cooperation Treaty, and I hereby authorize him to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/organization who/which first sent this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instruct them in writing to the contrary.

Please address all correspondence and direct all telephone calls to:

Markison & Reckamp, P.C.  
899 Skokie Boulevard - Suite 332  
Northbrook, Illinois 60062  
Phone: (847) 564-9050  
Fax: (847) 564-9057

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of this patent application or any patent issued thereon.

Inventor(s)

Full Name: Richard D. Fletcher Citizenship: USA

Signature: R - S Date: 3/24/98  
Street Address: 11573 Greenwich Point  
City: Reston State or Province: VA Zip or Postal Code: 20194 Country: USA

Full Name: Citizenship:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Full Name: Citizenship:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Full Name: Citizenship:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Full Name: Citizenship:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_